

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sei Kato :
Serial No.: 10/809,117 : Group No.: 3768
Filed: March 25, 2004 : Examiner: Rozanski, Michael T.
For: ULTRASONIC IMAGING METHOD :
AND ULTRASONIC DIAGNOSTIC :
APPARATUS :
:

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
Transmittal (3 pages)
Amendment After Final Rejection in response to the final Office Action dated
August 19, 2008 (15 pages)

STATUS

2. Applicant
 claims small entity status.
 is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
(complete (a) or (b), as applicable)

(a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
first month	\$ 130.00	\$ 65.00
second month	\$ 490.00	\$ 245.00

third month	\$ 1,110.00	\$ 555.00
fourth month	\$1,730.00	\$ 865.00
fifth month	\$2,350.00	\$1,175.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

— An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$_____

OR

(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
				CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	
TOTAL INDEP.		MINUS		=	x \$25.00 = \$	x \$50.00 = \$
		MINUS		=	x \$100.00 = \$	x \$200.00 = \$
	— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180.00 = \$	+ \$360.00 = \$
					TOTAL ADDITIONAL FEE \$	OR
						TOTAL ADDITIONAL FEE \$

(a) No additional fee for Claims is required

OR

(b) Total additional fee for claims required \$ _____

FEE PAYMENT

5. Attached is a check in the sum of \$_____

Charge Deposit Account No. 01-2384 the sum of \$.

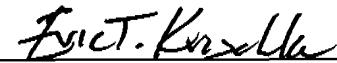
FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. Other:



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